

NEY DOCKET NO.: P-8032

Assistant Commissioner for Patents

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: CHESTER STRUBLE
TITLE: DIAGNOSTIC FEATURES IN BIATRIAL AND BIVENTRICULAR PACING SYSTEMS

BOX PATENT APPLICATION Commissioner of Patents and Trademarks Washington, D.C. 20231 We are transmitting herewith the attached: X **Patent Application Transmittal** Х Specification: Total pages: 50 (including claims and abstract): Spec. 28 sheets; Claims 21 sheets; Abstract - 1 sheet. X Drawings: Total sheets: 12 formal X informal Combined Declaration and Power of Attorney: newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or above is considered as being part of the disclosure of the accompanying application and declaration is supplied is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet of prior application Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: ☐ Divisional ☐ Continuation-in-part (CIP) Continuation of prior application No. _ Amend the specification by inserting before the first line the sentence: This application is a 🗌 continuation continuation in part of application number division <u>,</u> filed Cancel in this application original claims _ of the prior application before calculating the filing fe. (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. The Power of Attorney in the prior application is to: Medtronic, Inc.

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	104	20 =	84	x 18	\$ 1512
Independent Claims	27	03 =	24	× 80	\$ 1920
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 710
				TOTAL	\$ 4142

Charge Deposit Account No. 13-2546 the sum of \$_4142.00 (Filing Fee) for a total of \$_4142.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

4-24-01

Date

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